CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Vietnam – April 15-19, 2013
Summary of Key Findings and Recommendations

Introduction

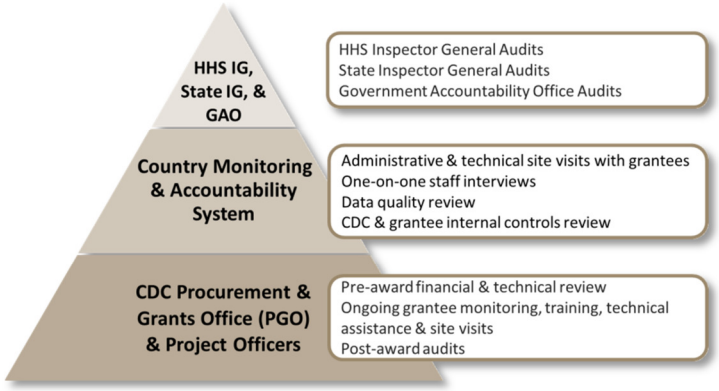
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global AIDS Coordinator (OGAC). CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health (MOH) across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic. CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health. PEPFAR activities represent the largest portfolio of global health activities at CDC.

CDC's Country Monitoring and Accountability System

CDC/DGHA launched the Country Monitoring and Accountability System (CMAS) in 2011 to identify challenges resulting from the rapid scale-up of complex CDC/PEPFAR programming as a part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of DGHA's programs and operations through internal programmatic and financial oversight. CMAS is a proactive response on the part of CDC to: 1) ensure accountability for global programs and proper stewardship of U.S. government resources by promoting explicit performance standards and defining expectations for bringing all components of program accountability up to the highest standards; 2) ensure DGHA is supporting DOS, OGAC, and the Presidential Initiatives; 3) serve as a basis for ongoing, monitored quality improvement; and 4) effectively prepare CDC for future oversight audits, congressional inquiries, and special data calls.

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



CDC also maintains a Global Management Council chaired by CDC's Chief of Staff which meets regularly to address cross-cutting issues related to the management and oversight of CDC's global programs.

The CMAS strategy was designed to systematically assess CDC's accountability and proper stewardship of U.S. government resources and provide feedback on key business and program operations in the following key areas:

- **Intramural Resources**: Ensuring proper management and stewardship of financial resources, property, and human resources within CDC's overseas offices
- **Extramural Funding**: Ensuring responsible and accurate management of financial and other resources external to CDC's overseas offices
- **Public Health Impact**: Ensuring the delivery of consistently high quality interventions and technical assistance that positively impact the populations the program serves

The first round of CMAS visits (formally known as Country Management and Support visits - CMS I) took place between February 2011 and March 2012 and assessed 35 country offices. A second round of CMAS visits (CMAS II) evaluated 30 country offices and one pilot. A few CMAS II visits were cancelled due to political unrest. CMAS II assessments occurred between June 2012 and June 2014 and increasingly emphasized supportive technical assistance to ensure continual quality improvement. In addition to the focus on CDC's PEPFAR program activities, CDC's Office of the Chief Financial Officer reviewed financial transactions for CDC's other global health programs.

Scope

CMAS II visits were designed to provide an overview of CDC country programs and identify good practices and areas for improvement. While the scope of these visits was primarily focused on CDC/DGHA's activities implemented through PEPFAR, other CDC global health programs were assessed in countries where they have a significant presence. Financial management activities were assessed for all CDC programs in-country. CMAS II visits were not considered comprehensive, nor were they intended to replace Inspector General audits.

Objectives

DGHA conducted a CMAS II visit to Vietnam from April 15-19, 2013. The principal objectives of this visit were to:

- Perform a CDC headquarters assessment of internal controls in the field to ensure the highest level of accountability;
- Review intramural and extramural resource management to ensure financial stewardship of U.S. government funds;
- Generate a multidisciplinary snapshot of how CDC country offices are performing regarding programmatic effectiveness in the areas of AIDS-Free Generation Strategy, site visits, and data driven programs to ensure DGHA is achieving the greatest public health impact; and
- Provide clear feedback and technical assistance to the country office to improve current internal controls.

Methodology

CDC headquarters in Atlanta assembled a multidisciplinary team of seven CDC subject matter experts in the following areas to perform the CMAS II assessment: financial management, program budget and extramural resources, grants management, country management and operations, and several key technical program areas.

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Vietnam (CDC/Vietnam). Team members reviewed financial and administrative documents at CDC/Vietnam and grantee offices and conducted administrative and technical grantee site visits, one-on-one meetings with staff, and data quality spot checks. Subject matter experts developed assessment tools and checklists at CDC headquarters in consultation with CDC field staff representatives. A standardized assessment instrument gauged performance using a four-level capability maturation scoring scale. Team members provided additional recommendations for quality improvement and noted good practices observed during the visit that will be shared across DGHA country programs. This methodology provides a "point-in-time" synopsis of CDC/Vietnam's operations.

Background on Country Program

Established in 2001, the CDC/Vietnam office currently focuses its HIV efforts on high-prevalence provinces and works in partnership with the government of Vietnam to support targeted programming for most-at-risk populations, which include injection drug users, commercial sex workers, and men who have sex with men. International grantees largely support Vietnam's HIV response, but assistance is decreasing now that it is a middle-income country. Vietnam is working to increase funding and create a stronger, more consistent legal framework for prevention and control activities.

In Vietnam, HIV prevention, care, and treatment services expanded rapidly, with increased access to services and a successful national methadone maintenance treatment pilot project. Estimates indicated that new HIV infections decreased from 27,000 per year in 2002 to 18,000 per year in 2012. However, new infection rates among most-at-risk populations remain high. By 2012, nearly 70,000 patients initiated antiretroviral therapy, with 60% receiving direct PEPFAR support; this was 25 times the total number of individuals under treatment in 2005. However, 40% of those in need of treatment had not yet initiated it.

Beginning in 2012, CDC/Vietnam has been in a process of transitioning its role from a primarily service delivery-focused program to one with a greater emphasis on technical assistance in support of a Vietnam-led HIV response. CDC will continue to strengthen the capacity of key organizations, which will house a strong and sustainable national HIV response for clinical services, prevention interventions, and national monitoring systems.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Major Achievements

In order to assess the country operations of CDC/Vietnam, the CMAS II team completed interviews with U.S. Embassy leadership (the U.S. Ambassador, Deputy Chief of Mission, U.S. Agency for International Development Mission Director, PEPFAR Coordinator, and State Department Human Resource Officer), 51 one-on-one

interviews with CDC/Vietnam staff, 20 self-administered organizational development questionnaires, and standardized checklists on administrative operations, governance, safety and security, motor pool, information technology, and communications.

The most salient country operational findings were the clear understanding of CDC's mission as well as the roles and responsibilities of the CDC/Vietnam staff in relation to the mission. Also, the office exhibited an overwhelmingly positive staff morale and working environment.

Major Challenges

As CDC/Vietnam transitions to a technical assistance approach, many staff members pointed out the importance of high-level training to develop and maintain technical expertise. Some felt that time for this was hampered by growing and changing administrative requirements across the Departments of State and Health and Human Services (including CDC). Additionally, CDC/Vietnam staff called upon themselves to plan, clarify, and develop a single CDC/Vietnam voice when discussing the transition with Vietnamese grantees. Staff felt that a deliberate, focused, and consistent approach is necessary as the transition is operationalized both within CDC/Vietnam and with cooperative agreement partners. Further, many staff indicated a desire for more formal mechanisms to get regular technical input from their colleagues at CDC headquarters and in neighboring countries.

Recommendations

- Continue to emphasize formal and informal training for staff on annual Individual Development Plans for U.S. direct hire staff and Employee Performance Plans for locally employed staff and implement to the extent possible in the budget.
- Within the next four months, CDC/Vietnam senior leadership should meet to develop talking points on the transition with Vietnamese grantees and encourage all staff to use them in discussions.
- Collaborate with CDC headquarters to develop a technical contact list for Vietnam staff for use within 12 months.

Financial Resource Management

Major Achievements

CDC/Vietnam's budget and operations process demonstrated an understanding of budget operations, petty cash management, and efficient office operations. CDC/Vietnam reviewed the budget carefully and noted any variation in the budget report. Budget reports incorporated CDC and U.S. Embassy financial data (IRIS and COAST) and included projections for the remainder of the fiscal year. CDC/Vietnam reconciled the budget monthly and discussed issues with the budget staff and CDC/Vietnam leadership. At the time of the CMAS II assessment, CDC/Vietnam had over six years of budget reports and cables available on the shared drive. Headquarters and post held unliquidated obligations were reviewed regularly. The fiscal year 2013 Country

Operational Plan request reflected CDC/Vietnam's current financial situation; if the country had funding available, the request for new funds decreased accordingly.

CDC/Vietnam met most standards for petty cash management and exhibited proper segregation of duties. CDC/Vietnam maintained a record of cash counts for the previous two years, and unannounced cash counts were performed quarterly.

The Office Manager and Information Technology Manager performed an annual inventory. The process for ordering, receiving, storing, issuing, and inventorying of property met CMAS II standards. The Office Manager kept adequate records of issued property.

The scope of the CDC's Office of the Chief Financial Officer desk review primarily focused on post held funds and internal controls of financial activities occurring within CDC/Vietnam. This involved document sampling and transaction-level detail analysis of all funds cabled to post, as well as requesting supporting documentation from the field as needed to provide additional information for specific situations. CDC/Vietnam was also sent a questionnaire to complete regarding fiscal activities at post.

Through the questionnaire responses and document review, the CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff members are very knowledgeable of both DOS and CDC/Vietnam procedures. They demonstrated commitment to ensuring that adequate procedures are in place and followed.

CDC/Vietnam took corrective action to address and resolve the key findings listed in the Office of the Chief Financial Officer section of the October 2011 CMAS I report.

Major Challenges

CDC/Vietnam staff maintained access to the CDC financial system (IRIS) and Integrated Contracts Expert (ICE) system, but did not access the systems. CDC/Vietnam had brief notes regarding the process to request cables, but a standard operating procedure had not yet been created to explain the entire process. Since the implementation of the Overseas Allotment System, the CDC headquarters budget team planned to send a generic standard operating procedure for all field offices to utilize in the future. During the visit, the CMAS II team demonstrated how to use the Overseas Allotment System. Announced petty cash counts were performed regularly, but not on a monthly basis.

CDC/Vietnam has not been able to remove excess property since a signature is required on the SF-122 from the U.S. Embassy General Services Officer to remove property from CDC/Vietnam's Property Management Information System list. As a result, several items sold at auctions still appear on CDC/Vietnam's property sheet. Also, CDC/Vietnam created local barcodes to track property since barcodes have not arrived from CDC headquarters.

CDC/Vietnam exhibited routine procedures to review unliquidated obligations. At the time of the CMAS II review, the office had a number open unliquidated obligation line items from fiscal years 2010-2013.

Recommendations

- Collaborate with CDC's Program Budget and Extramural Management Branch to create a standard operating procedure for requesting cables in the new cable request system, the Overseas Allotment System.
- Work with CDC headquarters leadership in the Center for Global Health to discuss the signing of SF-122s with the General Services Officer and Deputy Chief of Mission at the U.S. Embassy.
- Review petty cash monthly.
- Continue to routinely monitor and review unliquidated obligations, and follow up with the U.S. Embassy's Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner.

Accountability for Extramural Resources

Grantee Management

Major Achievements

A marked improvement from CMAS I, CDC/Vietnam's leadership instituted changes to improve cooperative agreement management, including proper documentation of grantee monitoring. It was evident that communication between CDC/Vietnam and grantees is proactive and frequent. Grantees pointedly expressed their appreciation for CDC/Vietnam staff and the importance of ongoing technical and administrative support. In addition, site visits were documented using a standard format and shared with grantees to resolve issues. The cooperative agreement team reconciled the Country Operational Plan tracking sheet as obligations occurred.

Major Challenges

The CMAS II assessment found inconsistent naming of documents stored on the shared drive. Also, the tracking system was updated on a monthly basis, compared to the weekly CMAS II standard.

Although there were only a few active contracts at the time of the visit, CDC/Vietnam did not have a document tracking system or standard operating procedure for tracking. Contracting Officer's Representatives were not performing invoice approvals in the Integrated Contracts Expert (ICE) system.

Recommendations

- Ensure the CDC/Vietnam Contracting Officer's Representatives maintain a contract tracking system and develop a standard operating procedure for tracking.
- Ensure that the Contracting Officer's Representatives utilize the Integrated Contracts Expert system to perform invoice approvals.
- Develop a consistent system for naming documents that are stored on the shared drive.
- Update the cooperative agreement tracking system on a weekly basis.

Accountability for Public Health Impact

Major Achievements

A key partner to the MOH and National AIDS Program in response to the HIV epidemic in Vietnam, CDC/Vietnam demonstrated consistent engagement in high-level MOH planning and technical engagement at the program level. Financial assistance, as well as organizational and technical capacity strengthening, was in place to support the national HIV program. Given the heterogeneity of the HIV epidemic in Vietnam, CDC/Vietnam programs were focused on geographic areas with high HIV prevalence where evidence-based interventions are implemented to have the most impact on halting HIV transmission (e.g., Methadone Maintenance Treatment and HIV antiretroviral treatment).

The CMAS II assessment also found that CDC/Vietnam established inter-disciplinary teams, which have led to better coordination between CDC/Vietnam and its grantees, decreasing the time needed to resolve technical and administrative issues. CDC/Vietnam and its grantees had clearly maintained monitoring and evaluation systems, important in measuring progress of the HIV program. The evaluation portfolio was additionally robust.

Major Challenges

At the time of the CMAS II visit, the PEPFAR program exhibited continued transition to a technical assistance and collaboration model from a service delivery model. CDC/Vietnam should identify how their new strategy for technical assistance and collaboration will relate to measurable outcomes. Although CDC/Vietnam and its grantees maintained monitoring and evaluation systems, they did not have a data quality assessment strategy to routinely validate results reported from grantees. There were procedures for the scientific and ethical review of protocols and manuscripts; however, the position that facilitated this work is currently vacant. CDC/Vietnam identified someone for this position and will be filling it shortly. All required staff members had not completed the scientific ethics training.

Recommendations

- As CDC/Vietnam develops a strategy to transition from a direct service delivery model to a technical collaboration and assistance model, identify a related public health strategy and programmatic outcomes.
- As a PEPFAR technical assistance model, continue to work with the government of Vietnam to support the national HIV response with special emphasis on strengthening national monitoring systems, including their analyses to inform program strategies.
- Develop a data quality strategy, which includes procedures to ensure that grantees assess data quality of key reported indicators at least once every twelve months.
- Ensure that all applicable CDC/Vietnam staff complete scientific ethics training.

Next Steps

The CMAS II team shared their key findings and recommendations with the CDC/Vietnam office and CDC headquarters. The team also developed a scorecard for internal management use. The scorecard lists all of the

issues identified during the visit, recommendations and due dates for their implementation, and primary point of contact for each issue. CDC headquarters will work with the CDC country office to create a plan and timeline to address and correct issues.